One Rx for Solo Survival

Linda "Fritz" McKenzie JD*

The Clinton administration's prescription for the "health care crisis" that was a hot campaign topic will be forthcoming. Mrs. Clinton is not backing away from the 100-day deadline set by the President. Hillary has already begun to focus on some of her big hits, if one can believe the media reports about her comments related to drug companies. The months ahead will be crucial for solo and independent physicians and should be used by them to prepare for a change in how they practice medicine. The following article suggests one area to which they may choose to direct their energies.

Hardly a publication can be read without being confronted with "THE HEALTH-CARE CRISIS".

All national media; locally, our news items and editorials, even local CPA's newsletters seem to focus on health-care and its costs. Obviously an industry that commands almost 14% of the gross national product in an economy that is at best sagging and is at least sad will attract a plethora of specialists and consultants who have ideas and solutions.

The vast majority of physicians feel besieged and beleaguered by a new onslaught of would-be authorities telling them how best to care for their patients. It's not enough that insurance carriers, governmental state and federal agencies, and legislative bodies have all decided to have their input into what at one time was a very private matter between physician and patient. Now we also have consultants and politicians, and let's not forget the opportunists, who have jumped on the health-care bandwagon.

So where does all of this leave the MD who for years has been out there delivering or attempting to deliver health care in the same doctor-to-patient manner that doctors for centuries before have done? With the cry for managed care, better utilization and more scrutiny in all aspects of the delivery of health-care and the additional demands on physicians' time, perhaps the most urgent question is where does this leave the solo practitioner? Many will say: "Nowhere!" History tells us that this is probably not true. People will tolerate just about anything except "messing with their healt care" and most, in the final analysis, do not want it delivered like their supermarkets serve up packaged goods, nor to be served the same way they would receive a meal at a fast-food place. They want individualized, personal care.

So what is the lone soldier of medicine or the small group to do? I am not fond of framing references in terms of war, but it seems to be an analogy with which many physicians can relate, given the present day health-care climate in which many of them feel they are forced to function. Does the lone MD throw in the weapon, surrender and go to work for a hospital or HMO; or retreat to the ivory towers of academia and tell everyone else how it should be done; or become a high school or college biology teacher, pharmaceutical representative; or simply take early retirement and fish or golf every day instead of only on Wednesday?

For younger physicians, most of these options are not available, at least for the ones with visions of practicing solo. There are not a lot of alternatives for many physicians. MDs come from a school of focused learning that leaves them with very few job skills for the marketplace other than practicing medicine or teaching it. In fact, many are still attempting to repay their debt for the privilege of spending 20-plus years in the educational process and earning the right to place "MD" after their surname. For these brave souls attempting to wing it in the marketplace, what can or should they do?

My suggestions have not changed from the message I have attempted to deliver on every occasion the past decade when I have spoken to and with physicians and/or their spouses, particularly those responsible for managing their physician-spouse's practice.

One thing is certain: What medical school did not and does not do is prepare students to be business managers. Admittedly a few are gifted with a good business sense, but they are rare and often accused of neglecting the medical and personal part of their practice if and when they become overly involved in the business end of it.

Again, what can be done to allow that group of individuals who choose to practice in a solo environment to continue to do so? Throughout the history of this nation autonomy has been precious in all aspects of the American society and perhaps most in the areas of entrepreneurship and medicine. How can physicians maintain their independence and still survive financially in the new models that are being touted, perhaps dictated, by those in control and by the economy itself?

The very first step to be taken must be to make a clear and realistic assessment of how the practice, and particularly the office, is being managed and by whom. How are personnel being utilized; how is technology being utilized; what if anything can the physician do to manage time, deliver quality care and still be cost effective.

Historically, most physicians have not had to pay attention to the bottom line, as all other business people must do. Business acumen was never high on most physicians' priority lists. As a matter of fact, those in the profession who did pay attention to such matters weren't always terribly serious about focusing on a well-run and cost-efficient office. Mediocrity and make do were the watchwords in too many instances. Now a qualified and skilled coding expert on the staff has taken on new value. An organized and experienced office manager has become a highly sought individual; and, if either or both of these happen to be an interested spouse, the physician is sitting on a virtual gold mine. The inherent

(Continued on page 218) ➤

* 1441 Kapiolani Blvd., Suite 1500
Honolulu, Hawaii 96814

Submitted for publication February 26, 1993

FINANCIAL SERVICES FOR ISLAND BUSINESSES

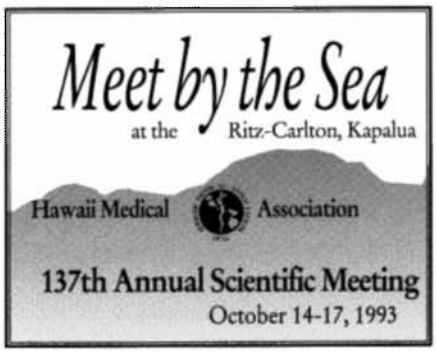
An Advertising Supplement to Pacific Business News, Hawaii Medical Journal, Hawaii Dental Journal and Hawaii CPA News

VIEWPOINT
(Continued)

where and what grocery outlets should be allowed (and to deny certain ones), or to dictate the sale of automobiles, or to decide what any other legitimate business enterprise should be allowed, if they were faced with such an abusive statute, we can be certain that the law would be struck down. Why therefore is medical business treated in this manner? One is inevitably led to the conclusion that the state Department of Health with its posturing gurus is determined to squash any sort of private competition.

This law must be discarded—not modified, not cleaned up, not corrected—simply discarded. Planning from the top fails, and there are truly thousands of irrefutable examples to establish that fact. The Berlin Wall came crashing down, remember?

■



SALMONELLOSIS IN HAWAII: 1987 TO 1990
(Continued from page 214)

Manual. DHEW Publication FDA #78-2081. Washington, D.C.: 1976;28-30.
9. Nelson WE, et al. *Textbook of Pediatrics*. 11th ed. WB Saunders and Company. Philadelphia, Penn: 1979;780.
10. Hawaii Department of Health. *Salmonella agona outbreak final report*: 1988;4/22.
11. Nationwide studies conducted by the USDA show about thirty-five percent of the poultry tested have salmonella: News release, DOH-OD #90-46: 1990;27 April.
12. Hawaii Department of Health. *Honolulu Marathon Carbo-Loading Foodborne Outbreak Final Report*: 1988;3 March.
13. *Annual Summaries on Salmonella Surveillance*. Centers for Disease Control. U.S. Department of Health and Human Services: 1989.

■

Erratum:
In a recent Journal isssue (52/6–June 1993) on p. 168, right head column in the paragraph near the bottom beginning with "According to the author...", the sentence should read:
"Recently, the 1975 ogre of sudden death", instead of Sudden Infant Death. The author, Bob Dimler, of the article ADHD REvisited, brought this to our attention and added; "Although I will say I've seen a few 'hyperactive' babies. The sudden deaths have been of cardiac origin." Sorry, Bob, the error may too have been "whimsical" on our part.

The editor

ONE RX FOR SOLO SURVIVAL
(Continued from page 218)

educated and committed to accepting the changes in the way they practice.

Being more efficient in business will be one of the ways physicians can allow themselves the time to practice their skills. To accomplish this task, it will require skilled assessment of the one practice, and a commitment to accept new and innovative ideas. The reward could well be the achievement of that dream in the front year of medical school: Of being a healer and clinician, rather than a paper pusher!

■

(Mrs. McKenzie has been involved in health care for many years. Her emphasis and research in law school was in the medical-legal area. She has written and made speeches in local and international forums. An active member of the local medical community, Mrs. McKenzie is presently a marketing consultant.)

Classified Notices

To place a Classified Notice:
MEMBERS, please send typewritten ad to HMA office. NONMEMBERS, please call Leilani at 521-0021. Four line minimum, approximately five words per line. Rates are $6.40 per line.

EMPLOYMENT OPPORTUNITY

POSITIONS AVAILABLE. Physician Placement Hawaii has openings for physicians & other medical professionals all across the U.S. Mainland as well as here in Hawaii. We also have candidates interested in a Hawaii position. Call Earl Pajari at 395-7099.

REAL ESTATE

LESS COMMISSION/MORE QUALITY! Reduced rates avail. for Buyers & Sellers. Many satisfied physician clients. Patricia Case, Esq. (R). Phone 526-CASE.

FOR SALE

1987 ATL PORTABLE ultra-sound machine. Used less than 1 yr. In A/C storage since. Recently certified-functioning normally. Harold Lawson, MD 261-0802.

ITEMS FOR SALE: Ritter III electric, fully articulated prodedure table. Procto, lithotomy, table & chair positions. Comes with headrest, chair arms, & adjustable armboard. Soft blue & like new. $3,300.

UMF 5160 soft blue exam table. 2 drawers & electric olutlet (right side access) Like new. $400.

Halogen "Coolspot" procedure lights mounted on mobile stand. Two available. Excellent condition. $400 each.

Scale $80.

Office chairs, charcoal grey tweed with armrests. Two available. $100 each.

If interested, call 524-3276 & leave messsage. Items available for inspection M-F 8:30-4:30.

RENTALS

WAIMANALO, OAHU. Beachfront. Beautiful beach home on magnificent white sand beach. Sleeps 8, $1500/week, Barbara, 733 Bishop, Ste. 1800, HNL, HI 96813; 808-531-1411.

SERVICES

LOCUM TENENS PROVIDED. Internal Medicine and Family Practice available. Please contact Acute Care Medical Services. 262-4181.

LOCUM TENENS AVAILABLE. Family Practice, Pediatrics, Urgent Care. No agency fees. Deal direct. Phone 923-2981.

LOCUM TENENS: Coverage for family practice, pediatrics and internal medicine. I can cover your medical office practice during your vacation and CME leave. For further information contact: Ruby De Alday, M.D., Family Practice, 2452 Tusitala St. PH #3, Honolulu, HI 96815, Ph. (808) 926-4078

OFFICES

KUAKINI MEDICAL PLAZA. Office space to sub-lease. Terms nego. May sub-lease full or part-time. Call 524-5225; 833-5722.

OFFICE SPACE available for full time practice in Queen's POB. Call 523-1600

OFFICE SPACE available for immediate occupancy near Ala Moana area. Ideal for professional practice. Long term okay. Contact John at: 373-8880.